

FORM D

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

OMB APPROVAL

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FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

SEC USE ONLY

Serial

DATE RECEIVED

SEC
Mail Processing
Section

SEP 06 2008

Washington, DC

PROCESSED

SEP 11 2008

THOMSON REUTERS

Name of Offering () check if this is an amendment and name has changed, and indicate change.)
Convertible Promissory Notes and Warrants, Preferred Stock issuable upon conversion of Notes and exercise of Warrants, and Common Stock issuable upon conversion of Preferred Stock.Filing Under (Check box(es) that apply): ☐ Rule 504 ☐ Rule 505 ☒ Rule 506 ☐ Section 4(6) ☐ ULOE
Type of Filing: ☐ New Filing ☒ Amendment No. 2

A. BASIC IDENTIFICATION DATA

1. Enter the information requested about the issuer

Name of Issuer () check if this is an amendment and name has changed, and indicate change
Aspire Medical, Inc.

08059517

Address of Executive Offices (Number and Street, City, State, Zip Code)
610 Palomar Avenue, Sunnyvale, CA 94085Telephone Number (Including Area Code)
(408) 481-1100Address of Principal Business Operations (Number and Street, City, State, Zip Code)
(if different from Executive Offices)

Telephone Number (Including Area Code)

Brief Description of Business
Design of medical devices

Type of Business Organization

☒ corporation ☐ limited partnership, already formed ☐ other (please specify):
☐ business trust ☐ limited partnership, to be formedActual or Estimated Date of Incorporation or Organization: Month Year
01 2004 ☒ Actual ☐ EstimatedJurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:
CN for Canada; FN for other foreign jurisdiction)

DE

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).*When To File:* A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, it received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.*Where to File:* U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.*Copies Required:* Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.*Information Required:* A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B and the Appendix need not be filed with the SEC.*Filing Fee:* There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

A. BASIC IDENTIFICATION DATA

2. Enter the information requested for the following:

- Each promoter of the issuer, if the issuer has been organized within the past five years;
- Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
- Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
- Each general and managing partner of partnership issuers.

Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☒ Executive Officer ☒ Director ☐ General and/or Managing Partner

Full Name (Last name first, if individual)
Powers, Richard

Business or Residence Address (Number and Street, City, State, Zip Code)
c/o Aspire Medical, Inc., 610 Palomar Avenue, Sunnyvale, CA 94085

Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☒ Director ☐ General and/or Managing Partner

Full Name (Last name first, if individual)
Delagardelle, Jeani

Business or Residence Address (Number and Street, City, State, Zip Code)
c/o Sprout Group, 3000 Sand Hill Road, Bldg. 3, Suite 170, Menlo Park, CA 94025

Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☒ Director ☐ General and/or Managing Partner

Full Name (Last name first, if individual)
Kaplan, Michael

Business or Residence Address (Number and Street, City, State, Zip Code)
c/o Three Arch Partners, 3200 Alpine Road, Portola Valley, CA 94028

Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☒ Director ☐ General and/or Managing Partner

Full Name (Last name first, if individual)
Hill, Allen

Business or Residence Address (Number and Street, City, State, Zip Code)
c/o Aspire Medical, Inc., 610 Palomar Avenue, Sunnyvale, CA 94085

Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☒ Director ☐ General and/or Managing Partner

Full Name (Last name first, if individual)
Spence, Donald J.

Business or Residence Address (Number and Street, City, State, Zip Code)
c/o Respironics, Inc., 1010 Murry Ridge Lane, Murrysville, PA 15668-8525

Check Box(es) that Apply: ☐ Promoter ☒ Beneficial Owner ☒ Executive Officer ☐ Director ☐ General and/or Managing Partner

Full Name (Last name first, if individual)
Dineen, Michael

Business or Residence Address (Number and Street, City, State, Zip Code)
c/o Aspire Medical, Inc., 610 Palomar Avenue, Sunnyvale, CA 94085

A. BASIC IDENTIFICATION DATA

2. Enter the information requested for the following:

- Each promoter of the issuer, if the issuer has been organized within the past five years;
- Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
- Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
- Each general and managing partner of partnership issuers.

Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☒ Executive Officer ☐ Director ☐ General and/or Managing Partner

Full Name (Last name first, if individual)

Roue, Chad

Business or Residence Address (Number and Street, City, State, Zip Code)

c/o Aspire Medical, Inc., 610 Palomar Avenue, Sunnyvale, CA 94085

Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☒ Executive Officer ☐ Director ☐ General and/or Managing Partner

Full Name (Last name first, if individual)

Colborne, Colonel

Business or Residence Address (Number and Street, City, State, Zip Code)

c/o Aspire Medical, Inc., 610 Palomar Avenue, Sunnyvale, CA 94085

Check Box(es) that Apply: ☐ Promoter ☒ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner

Full Name (Last name first, if individual)

Sprout Group

Business or Residence Address (Number and Street, City, State, Zip Code)

3000 Sand Hill Road, Bldg. 3, Suite 170, Menlo Park, CA 94025

Check Box(es) that Apply: ☐ Promoter ☒ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner

Full Name (Last name first, if individual)

Three Arch Partners

Business or Residence Address (Number and Street, City, State, Zip Code)

3200 Alpine Road, Portola Valley, CA 94028

Check Box(es) that Apply: ☐ Promoter ☒ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner

Full Name (Last name first, if individual)

Respironics, Inc.

Business or Residence Address (Number and Street, City, State, Zip Code)

1010 Murry Ridge Lane, Murrysville, PA 15668-8525

Check Box(es) that Apply: ☐ Promoter ☒ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner

Full Name (Last name first, if individual)

van der Burg, Erik

Business or Residence Address (Number and Street, City, State, Zip Code)

Ross Creek Medical, Inc., 16417 Peacock Ln., Los Gatos, CA 95032

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box ☐ and indicate the columns below the amounts of the securities offered for exchange and already exchanged.

Type of Security

Aggregate
Offering Price Amount Already
Sold

Debt \$ -0- \$ -0-

Equity: \$ -0- \$ -0-

☐ Common

☐ Preferred

Convertible Securities (including warrants) \$ 8,947,885.51* \$ 7,152,860.00**

- * Represents aggregate principal amount of convertible promissory notes plus the sum of the purchase price and the aggregate exercise price of warrants.

- ** To date, none of the Warrants has been exercised.

Partnership Interests \$ -0- \$ -0-

Other (Specify: _____) \$ -0- \$ -0-

Total \$ 8,947,885.51 \$ 7,152,860.00

Answer also in Appendix, Column 4, if filing under ULOE.

2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."

Number
Investors Aggregate
Dollar Amount
of Purchases

Accredited Investors 5 \$ 7,152,860.00

Non-accredited Investors -0- \$ -0-

Total (for filings under Rule 504 only) \$ _____

Answer also in Appendix, Column 3, if filing under ULOE.

3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.

Type of offering

Type of
Security Dollar Amount
Sold

Rule 505 \$ _____

Regulation A \$ _____

Rule 504 \$ _____

Total \$ _____

4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.

Transfer Agent's Fees ☐ \$ _____

Printing and Engraving Costs ☐ \$ _____

Legal Fees ☒ \$ 90,000.00

Accounting Fees ☐ \$ _____

Engineering Fees ☐ \$ _____

Sales Commissions (specify finders' fees separately) ☐ \$ _____

Other Expenses (identify _____) ☐ \$ _____

Total ☒ \$ 90,000.00


C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

4. b. Enter the difference between the aggregate offering price given in response to Part C - Question 1 and total expenses furnished in response to Part C - Question 4.a. This difference is the "adjusted gross proceeds to the issuer." **\$ 8,857,855.51**
5. Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes below. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjustment gross proceeds to the issuer set forth in response to Part C - Question 4.b above.

		Payments to Officers, Directors, & Affiliates		Payments to Others
Salaries and fees	<input type="checkbox"/>	\$	<input type="checkbox"/>	\$
Purchase of real estate	<input type="checkbox"/>	\$	<input type="checkbox"/>	\$
Purchase, rental or leasing and installation of machinery and equipment	<input type="checkbox"/>	\$	<input type="checkbox"/>	\$
Construction or leasing of plant buildings and facilities	<input type="checkbox"/>	\$	<input type="checkbox"/>	\$
Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)	<input type="checkbox"/>	\$	<input type="checkbox"/>	\$
Repayment of indebtedness	<input type="checkbox"/>	\$	<input type="checkbox"/>	\$
Working capital	<input type="checkbox"/>	\$	<input checked="" type="checkbox"/>	\$ <u>8,857,855.51</u>
Other (specify):	<input type="checkbox"/>	\$	<input type="checkbox"/>	\$
Column Totals	<input type="checkbox"/>	\$	<input checked="" type="checkbox"/>	\$ <u>8,857,855.51</u>
Total Payments Listed (column totals added)				\$ <u>8,857,855.51</u>

D. FEDERAL SIGNATURE

The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.

Issuer (Print or Type) Aspire Medical, Inc.	Signature 	Date Sept August 2, 2008
Name (Print or Type) Richard Powers	Title of Signer (Print or Type) President, Chief Executive Officer	

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

APPENDIX

1	2		3	4				5	
	Intend to sell to non-accredited investors in State (Part B-Item 1)		Type of security and aggregate offering price offered in state (Part C-Item 1)	Type of investor and amount purchased in State (Part C - Item 2)				Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E - Item 1)	
State	Yes	No	Convertible Promissory Notes ("Notes") and Warrants ("Wts")	Number of Accredited Investors	Amount	Number of Non-accredited Investors	Amount	Yes	No
AL									
AK									
AZ									
AR									
CA		X	Notes: \$ 4,872,394.70 Wts: \$1,204,413.26	4	Notes: \$4,872,394.70 Wts: \$ 1,948.95	-0-	N/A		X
CO									
CT									
DE									
DC									
FL									
GA									
HI									
ID									
IL									
IN									
IA									
KS									
KY									
LA									
ME									
MD									
MA									
MI									
MN									
MS									
MO									

APPENDIX

1	2		3	4				5	
	Intend to sell to non-accredited investors in State (Part B-Item 1)		Type of security and aggregate offering price offered in state (Part C-Item 1)	Type of investor and amount purchased in State (Part C - Item 2)				Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E – Item 1)	
State	Yes	No	Convertible Promissory Notes ("Notes") and Warrants ("Wts")	Number of Accredited Investors	Amount	Number of Non-accredited Investors	Amount	Yes	No
MT									
NE									
NV									
NH									
NJ									
NM									
NY									
NC									
ND									
OH									
OK									
OR									
PA		X	Notes: \$2,277,605.00 Wts: \$ 593,442.55	1	Notes: \$ 2,277,605.00 Wts: \$ 911.05	-0-	N/A		X
RI									
SC									
SD									
TN									
TX									
UT									
VT									
VA									
WA									
WV									
WI									
WY									
PR									

END